



**REVOCATION OF POWER OF  
ATTORNEY WITH  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	Attachments
Filing Date	
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

56679

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

56679

OR

<input type="checkbox"/> Firm or Individual Name	William G. Gosz		
Address	Gosz & Partners, LLP 450 Bedfordstreet		
City	Lexington	State MA	Zip 02420
Country	United States		
Telephone	781 863 1116	Email	wgosz@gsiplaw.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>M. Glauser</i>		<i>Jens Rosmus</i>	
Name	Michelle Glauser Board Member		Jens Rosmus Board Member	
Date	May 29, 2006		Telephone 41526330240	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Application No.	Inventor(s)	Assignee	Reel/Frame	Atty. Docket
10/854,941	Wu et al.	Tyco Healthcare Retail Services AG	015576/0203	H-28119
10/617,218	Glaug et al.	Tyco Healthcare Retail Services AG	014272/0773	H-28120
10/941,375	Erdman	Tyco Healthcare Retail Services AG	015577/0518	H-28168
11/010,803	Erdman	Tyco Healthcare Retail Services AG	015584/0259	H-KN-00008
10/951,520	Calvert et al.	Tyco Healthcare Retail Services AG	015384/0488	H-28117
09/686,822	Chmielewski	Tyco Healthcare Retail Services AG	011440/0865	H-35590
10/951,792	Waksmundzki et al.	Tyco Healthcare Retail Services AG	018083/0953	H-28129CIP
10/668,502	Wu et al.	Tyco Healthcare Retail Services AG	018083/0942	H-28127CIP